

**STATE OF ALASKA
CHILD SUPPORT SERVICES DIVISION**

Case No: _____ Child: _____

PATERNITY INFORMATION LOCATE SHEET

We need more information to help establish paternity for your child.

**Please give us information about the person that you think is most likely to be the father.
This information is important to locate the correct person.**

His full legal name (no nicknames): _____
First Middle Last

Any other names he may have used: _____

Social Security Number: _____ Date of Birth or Approx. Age: _____

Physical description: _____
Height Weight Hair Color Eye Color Race Scars/Marks

Mailing address: _____
City State Zip

Residence address: _____
City State Zip

Work telephone number: _____ Home number: _____

Did the noncustodial parent ever live or work in Alaska? No ☐ Yes ☐ When? _____

Place of birth: _____ Is the absent parent a citizen of the United States? Yes ☐ No ☐ If
no, what is his country of citizenship? _____ When did he last live there? _____

His usual occupation: _____

Name of his current employer: _____

Month, date(s), and year of your sexual relationship with this man: From: _____ To: _____

.....
Name any other men that you had sexual intercourse with around the time you became pregnant
(30 days before or 30 days after the child was conceived). Attach additional pages if necessary.

1) Full Name: _____
First Middle Last

Address: _____
City State Zip

Social Security Number: _____ Date and Place of Birth: _____ Age: _____

Physical description: _____
Height Weight Hair Color Eye Color Race

Dates of sexual relations: From _____ To _____

Why do you think that this man is not the father? _____

PLEASE COMPLETE AND SIGN THE BACK OF THIS PAGE

04-1423A (Rev 05/19/04)

TOLL FREE (In-state, outside Anchorage): (800) 478-3300

SOUTHEAST: (907) 465-5887

MAT-SU: (907) 357-3550

ANCHORAGE: (907) 269-6900 FAX: (907) 269-6813 or 6914

FAIRBANKS: (907) 451-2830

TDD machine only: (907) 269-6894 / TDD machine only, toll free (In-state, outside Anchorage): (800) 370-6894

2) Full Name: _____

Address: _____
First Middle Last

City State Zip

Date and Place of Birth: _____ Approximate Age: _____

Physical description: _____
Height Weight Hair Color Eye Color Race

Social Security Number: _____

Dates of sexual relations: From _____ To _____

Why do you think that this man is not the father? _____

If you do not know the father of your child, explain the circumstances when you became pregnant _____

Information about the child:

Name: _____ ☐ Male ☐ Female

Conception date _____ Social Security Number _____

Date of Birth: _____ Place of Birth: _____

Have there been any legal actions for this child (such as child support orders, adoption, children's proceedings, paternity cases, divorce decree, etc.)? If so, what action, where, and when? Attach copies of legal documents. _____

Is a father named on the child's birth certificate? ☐ Yes ☐ No

Did the father sign an affidavit of paternity? ☐ No ☐ Yes Place: _____
City State

Were you married when the child was conceived or born? ☐ No. ☐ Yes.

Husband's name _____ Social Security Number _____

Your Work telephone number _____ Home telephone number: _____

Address: _____
City State Zip

Social Security Number _____ Date of Birth: _____

Your Employer _____
Address City State Zip Code

Your name (PLEASE PRINT) _____ Signature _____ Date _____

THANK YOU FOR PROVIDING THIS INFORMATION

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